

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90253 034 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                         |                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 753473</b><br>1. Entity Name<br><b>NORTHWOOD ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                         |                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>TAMARA L. SMITH</b><br><b>2815 NORTHWOOD CIR</b><br><b>SARASOTA, FL 34234 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                           |                                                                                                                        | Mailing Address<br><b>TAMARA L. SMITH</b><br><b>2815 NORTHWOOD CIR</b><br><b>SARASOTA, FL 34234 US</b>                                                                                  |                                                                                                                                                                                           |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           | 3. Mailing Address                                                                                                     |                                                                                                                                                                                         |                                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                           | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                                         |                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           | City & State                                                                                                           |                                                                                                                                                                                         |                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                   | Zip                                                                                                                    | Country                                                                                                                                                                                 | 4. FEI Number<br><b>59-2610816</b>                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                           |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                                             |                                                                                                                                                                                           |  |
| <b>FRANKLIN, CYNTHIA T</b><br><b>4586 NORTHWOOD TERRACE</b><br><b>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                           |                                                                                                                        | Name<br><b>Teckenbrock, Richard C.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2832 Northwood Way</b><br>City<br><b>Sarasota</b> <b>FL</b> Zip Code<br><b>34234</b> |                                                                                                                                                                                           |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><b>Richard C. Teckenbrock</b><br>SIGNATURE <u><i>Richard C. Teckenbrock</i></u> <b>JAN 12, 2006</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE</small>                                                                                                                                         |                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                         |                                                                                                                                                                                           |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                         | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                           |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                            |                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>SMITH, TAMARA L</b><br><b>2815 NORTHWOOD CIR</b><br><b>SARASOTA, FL 34234</b> <input type="checkbox"/> Delete              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>DINOI, JAMES</b><br><b>4646 NORTHWOOD TER</b><br><b>SARASOTA, FL 34234</b> <input type="checkbox"/> Delete                 |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>ZANGARA, HEATHER</b><br><b>2832 NORTHWOOD CIR</b><br><b>SARASOTA, FL 34234</b> <input type="checkbox"/> Delete             |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>FRANKLIN, CYNTHIA</b><br><b>4586 NORTHWOOD TER</b><br><b>SARASOTA, FL 34234</b> <input checked="" type="checkbox"/> Delete |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | <b>Treasurer</b><br><b>Teckenbrock, Richard C.</b><br><b>2832 Northwood Way</b><br><b>Sarasota, FL 34234</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                           |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                           |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                         |                                                                                                                                                                                           |  |
| <b>SIGNATURE:</b> <u><i>Tamara L. Smith</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                           |                                                                                                                        | <b>Tamara L. Smith</b><br><small>Date Daytime Phone #</small>                                                                                                                           |                                                                                                                                                                                           |  |

**60002996**



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